

Teilnahme an einem individuellen geva-Feedbackgespräch

Raum: _____

Datum: _____

| Nr. | Zeit | Name, Vorname | Klasse |
|-------|---------------|---------------|--------|
| 1. | 8.00 – 8.20 | | |
| 2. | 8.20 – 8.40 | | |
| 3. | 8.40 – 9.00 | | |
| 4. | 9.00 – 9.20 | | |
| Pause | | | |
| 5. | 9.45 – 10.05 | | |
| 6. | 10.05 – 10.25 | | |
| 7. | 10.25 – 10.45 | | |
| 8. | 10.45 – 11.05 | | |
| 9. | 11.05 – 11.25 | | |
| Pause | | | |
| 10. | 11.40 – 12.00 | | |
| 11. | 12.00 – 12.20 | | |
| 12. | 12.20 – 12.40 | | |
| 13. | 12.40 – 13.00 | | |